236144

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: []IXC [X] CLEC []ILEC []Wireless

| CERTIFICATED COMPANY INFORMATION | | | | | | | |
|----------------------------------|---|--|---|-----------------------------|--|--|--|
| WilTel | Communications, LLC | | | | | | |
| | any Name | | I LIN/OUN | | | | |
| | , | | 1-877-253-8353 | | | | |
| Dba/fk | a | | Telephone # | | | | |
| 1025 F | Eldorado Blvd | | _ | | | | |
| - | g Address | | | | | | |
| Broom | field, CO 80021 | | | | | | |
| | state, Zip Code | | | | | | |
| 1025 Eldorado Blvd | | | | | | | |
| Business Location | | | | | | | |
| Broomfield, CO 80021Broomfield | | | | L-: | | | |
| City, S | State, Zip Code | | County | | | | |
| [| | REGISTERED AGE | NT INFORMATION | | | | |
| | | | THE OTHER PROPERTY. | 第二章 | | | |
| Regist | tered Agent: <u>Corpo</u> | oration Service Company | | | | | |
| Mailin | g Address: 1703 | Laurel Street | | | | | |
| IVIAIIII | y Address1700 | Ladici Olioot | | | | | |
| City, S | State, Zip Code: <u>Colur</u> | mbia, SC 29201 | | | | | |
| A . | Scott Seab | e address if different than above.) | print or type company contact for | | | | |
| | Telephone Number | Facsimile Number | E-mail Address | | | | |
| | Kanan I huda | | | | | | |
| B. | Karen Hyde Customer Relations /Coi | mplaints Representative (Includ | e address if different than above.) | | | | |
| | | / N/A | | | | | |
| | Telephone Number | Facsimile Number | E-mail Address | | | | |
| C1. | Scott Seab Customer Relations/Con 720-888-3942 Telephone Number | nplaints Representative for Esc /720-888-5134 Facsimile Number | alated Complaints (Include addres /Scott.Seab@Level3.com E-mail Address | s if different than above.) | | | |
| C2. | 1-877-253-8353 | | · · · · · · · · · · · · · · · · · · · | | | | |
| | Customer Contact (Toll | Free Number) | | | | | |
| D. | Engineering Operations Engineering Operations | (Include address if different than | | | | | |
| | 1-877-453-8353 Telephone Number | / N/A Facsimile Number | / N/A E-mail Address | | | | |
| E. | Test and Repair Test and Repair (Includ | e address if different than above.) | | | | | |
| | 1-877-453-8353 | / N/A | / N/A | | | | |
| | Telephone Number | Facsimile Number | E-mail Address | | | | |

| F. | Emergencies Emergencies (During non-office hours) | | | | | | | |
|---------------|---|------------------------------------|--------|--|-----------------------|--|--|--|
| | 1-877-253-8353 | / N/A | 1 | N/A | | | | |
| | Telephone Number | Facsimile Number | , | E-mail Address | | | | |
| <u>In add</u> | lition, please provide the fol | lowing company contact infor | mation | to assist in proper routing of corres | pondence and invoices | | | |
| G. | Scott Seab Regulatory Officer (In | clude address if different than al | hove) | | | | | |
| | | | , | " 2 | | | | |
| | 720-888-3942 Telephone Number | /720-888-5134 Facsimile Number | /50 | ott.Seab@Level3.com E-mail Address | | | | |
| | • | racsimile number | | E-mail Address | | | | |
| H. | N/A | | | · | | | | |
| | Dual Party Mailings (Na | me) | | | | | | |
| | N/A | | *** | | | | | |
| | Mailing Address | | | | | | | |
| | N/A | / N/A | | N/A | | | | |
| | Telephone Number | Facsimile Number | | E-mail Address | | | | |
| 1. | N/A | | | | | | | |
| | Interim LEC Fund Mailings (Name) | | | | | | | |
| | N/A | | | | | | | |
| | Mailing Address | | | | | | | |
| | N/A | / N/A | | N/A | | | | |
| | Telephone Number | Facsimile Number | | E-mail Address | | | | |
| J. | Andrew Labbe | | | | | | | |
| | Universal Service Fund Mailings (Name) | | | | | | | |
| | 1025 Eldorado Blvd. Broor | nfield, CO 80021 | | | | | | |
| | Mailing Address | | | | | | | |
| | <u>720-888-3883</u> | / N/A | /An | drew.Labbe@Level3.com | | | | |
| | Telephone Number | Facsimile Number | | E-mail Address | | | | |
| K. | Andrew Labbe_ | | | | | | | |
| | Gross Receipts Mailings (Name) | | | | | | | |
| | 1025 Eldorado Blvd. Broomfield, CO 80021 | | | | | | | |
| | Mailing Address | micia, 00 00021 | | | | | | |
| | 720-888-3883 | / N/A | /And | drew.Labbe@Level3.com | | | | |
| | Telephone Number | Facsimile Number | | E-mail Address | | | | |
| L. | N/A | | | | | | | |
| | Lifeline Mailings (Name) | | | | | | | |
| | N/A | | | | | | | |
| | Mailing Address | | | | | | | |
| | N/A | / N/A | 1 | N/A | | | | |
| | Telephone Number | Facsimile Number | | E-mail Address | | | | |
| | | | | | | | | |
| | 11 11 17 | | | C1140,7 C | Lr | | | |
| | Heather Kavanaugh | | | Junio | | | | |
| | This form was completed by (print name) | | | Signature | 0 | | | |
| | Legal Administrative Assistant | | | March 27, 2012 | | | | |
| | Title | | | Date | | | | |
| | RETURN COMPLETED FORM TO: | | | | | | | |
| | | | | | | | | |
| | Public Service Commission of SC Docketing Department | | | Office of Regulatory Staff Attn: Jeanne Gordon | | | | |
| | Post Office Dr | | | 1401 Main Street, Suite 900 | | | | |
| | . 55. Olioo Biditoi 11070 | | | | | | | |

Columbia, South Carolina 29211

(Rev. PSC 01/2010)

Columbia, South Carolina 29201